Introduction and Aims: This study sought to examine the impact reformed training pathways and the European working time directive (EWTD) may have had on the provision of senior house officer (SHO) or equivalent training in plastic surgery units.
Methods: All units with SHOs in the UK were surveyed at two time points, February and August 2009. The number of vacancies, composition of the SHO tier and introduction of "cross-cover" was examined.
Results: Forty two units were identified and 52% had vacancies in February 2009. 42% of units expanded their SHO tier for the introduction of EWTD proper in August 2009. Foundation year 2 (FY2) doctors work as SHOs in 38% of units. In August 2009 little change was noted with 47% of units reporting vacancy. All units were compliant. Eleven units (26%) had vacancy at both time points, and more multiple vacancies were noted in August 2009. In August 2009 14 units had cross specialty cover at night.
Conclusion: There is a chronic understaffing amongst the SHO or equivalent training grade in plastic surgery. Preservation of precious training time should be paramount with the advent of a shorter working week and methods of achieving this need are proposed.

0652 INTRAOPERATIVE DETECTION OF LYMPH NODE METASTASES IN BREAST CANCER PATIENTS USING ONE STOP NUCLEIC ACID AMPLIFICATION (OSNA)

Anushka Chaudhry, Eleanore Massey, Jim Cook, Michelle Jenkins, Caroline Calder, Zoe Winters, Zenon Rayter. *Bristol Royal Infirmary, Bristol, UK*

Introduction: Analysis of sentinel nodes by OSNA uses a polymerase chain reaction to measure lymph node CK19 mRNA an epithelial marker for breast cells.
Method: Prospective analysis of 54 patients between February 2010 to January 2011 was carried out. Sentinel node identification was by dual method of Patent Blue V and isotope injection into the breast. Nodes were cut into 4 slices A,B,C and D. Slices A and C were processed in OSNA and slices B and D underwent histological assessment by H&E staining. Tumour characteristics were identified for each patient and correlation between OSNA and histopathology was assessed.
Results: One hundred and forty one nodes were taken from 54 patients. Exclusions on basis of weight and availability for comparison (25) left 116 nodes available for histological comparison. 18 were found to have macrometastases or micrometastases. The sensitivity and specificity of OSNA was 100% and 87% respectively. If on the basis of tissue allocation bias, we excluded micrometastases (9 cases), specificity was 97%. There was no correlation between node positivity, tumour grade, size or receptor status.
Conclusion: OSNA saved 18 patients from a second procedure and has an excellent sensitivity and high specificity. Further prospective data collection continues.

0653 INTRODUCTION OF A NEW SUTURING SKILLS COURSE FOR FIRST YEAR FOUNDATION DOCTORS TO ENHANCE ACCESS TO TRAINING

Sreelakshmi Mallappa [1], Anil Thomas George [2], Joan Pitkin [1], Ramawad Soobrah [1]. [1] *Department of Undergraduate Medical Education, Northwick Park Hospital. North West London Hospitals NHS Trust., Harrow, Middlesex, UK;* [2] *St Mark's Hospital. North West London Hospitals NHS Trust., Harrow, Middlesex, UK*

Background: The introduction of the European Working Time Directive has resulted in a marked reduction of junior doctors' working hours with direct consequences on the practical experience of junior surgical trainees. There are concerns that they lack the appropriate skills to assist in theatre. The objective of the course was to provide junior doctors with an opportunity to learn and improve their suturing skills.
Methods: Four 3-hour workshops consisting of video demonstrations and practical sessions supervised by experienced tutors were organised. Trainees were taught instrument handling, knot tying and various suturing methods. Feedback was collected through post-course questionnaires.
Results: 51 junior doctors were trained, 6 of whom had already attended a Basic Surgical Skills course. 11 (22%) intend to pursue a career in surgery. All candidates enjoyed the workshop and would recommend it to their peers. 37 had previously assisted in an operating theatre; of those, 36 felt this workshop had improved their confidence to assist in future operative procedures.
Conclusion: Suturing is an important practical skill to learn; hence the need for a well-structured suturing course to enhance access to training for junior doctors. Also, a follow-up longitudinal study is necessary to assess their performance in the theatre setting.

0656 TRUE DAY CASE LAPAROSCOPIC CHOLECYSTECTOMY IN A SOUTHERN DGH – RESULTS OF A PROSPECTIVE AUDIT ON SAFETY AND FEASIBILITY IN A NEW UNIT

Shobhit Arya, Faisal El-Medani, Sanjay Gupta. *The Lister Hospital, East and North Hertforshire Hospitals NHS Trust, Stevenage, Hertfordshire, UK*

Aims: A prospective audit was undertaken of true day case laparoscopic cholecystectomy (DCLC) performed by a single surgeon team in a hospital where it has recently been introduced.
Methods: Data was collected between August 2009 and November 2010 for operative time, outcomes, complications and re-presentations. Patient recovery was monitored via telephone survey 24h after discharge.
Results: 52 DCLC were conducted. 18(35%) patients were male and 34(65%) female with mean age 48.4y (20-81y), ASAI/II and BMI 28 Kg/m2 (19-41 Kg/m2). Mean operating time was 49+/-16 minutes, with post-operative stay of 7.4h (4-48h). 48 patients (92%) were discharged the same day and 4(8%) admitted. Admission indications were: conversion to open procedure 1 (2%), oxygen desaturation 1 (2%) and severe pain 2 (4%). Of these, 3 were discharged within 24h and 1 (2%) within 48h. Of 44 (85%) patients who responded to telephone survey, 11 (26%) reported no problems and 26 (60%) reported pain with adequate analgesia available. 1 (2%) patient represented with infected umbilical port site haematoma.
Conclusions: This audit shows that a DCLC service can be established with good outcomes in a short time. Success of this service requires patient education, a competent operating team and set up for early discharge.

0659 FLUOROSCOPY SCREENING TIME AND RADIATION EXPOSURE IN HAND FRACTURE FIXATION

Paulina Witt, Chris Mills, David Camp. *Dept of Plastic Surgery, Derriford Hospital, Plymouth, UK*

Introduction: Mini C-arm fluoroscopy control is commonly used during surgical fixation of hand fractures and exposes staff and patients to the risks of radiation. Radiation protection is a responsibility of every surgeon.
The documentation of the exposure time during every procedure (correlated radiation dose for Mini C-arm image intensifier: 7mGy/min) is a mandatory requirement (IR(MER)R2000). National guidelines for the maximum acceptable radiation dose in hand surgery do not exist, but recommendations in the peer reviewed literature (Pulvertaft Hand Centre) suggest a maximum of 30 seconds for open reduction /internal fixation (ORIF) and 10 seconds for k-wire fixation (MUA+k-wire). Our own departmental guidelines recommend 60 seconds for either procedure.
We audited our performance according to these guidelines and improved our outcome by implementing simple changes.
Methods & Results: Retrospective analyse of the Mini-C arm operator logbook over 3 months: ORIF (n=29) compliance according to departmental guidelines: 100%, Pulvertaft guidelines: 97%; MUA+k-wire (n=22) compliance 86% and 14%, respectively. Closing the audit loop: ORIF (n=45), compliance according to departmental and Pulvertaft guidelines: 100%; MUA+k-wire (n=36), compliance 100% and 17%, respectively (time period=3months).
Conclusion: We advocate that the use of Mini C-arm fluoroscopy should be subject to regular audits in every hand surgery department.

0665 'WHERE SHOULD LAPAROSCOPIC CHOLECYSTECTOMIES BE UNDERTAKEN?; CAN A RISK SCORE REDUCE THE RISK OF CONVERSION IN THE DAY-CASE SETTING

Frances Mosley, John Griffith, Justin Davies, Mark Steward, Jay Gokhale, John May, Jonathan Robinson. *Bradford Royal Infirmary, Bradford, UK*